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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 08/741,066 10/30/1996 PAT 6,403,599
 and is a CIP of 09/254,387 03/04/1999 PAT 6,316,631

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 07/24/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
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Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE

Corticotropin releasing factor antagonists

FILING FEE RECEIVED 964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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